

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 43⁵Registered No. 43

1. PLACE OF BIRTH

County ApacheState Arizona

District or Township

or Village

City Saint Johns

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frank Elmer

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

8. Full name

FATHER

14. Full maiden name

MOTHER

9. Residence

(Usual place of abode)

If non-resident, give place and state.

15. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color of face

11. Age at last birthday

(Years)

16. Color of face

17. Age at last birthday

(Years)

12. Birthplace (city or place)

(State or country)

18. Birthplace (city or state)

(State or country)

13. Occupation

Nature of industry

19. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Saint Johns, Arizona on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from
a supplemental reportSignature Mrs. Margaret JamesAddress Saint Johns, ArizonaMonth, day, year 11/3/28Filed 11/3/28

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Registrar.

Registrar.

672-1115-132